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THE ALKALOIDAL CLINIC

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EDITORIAL CHAT.

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Quite a number of queries and answers could not be given space in this issue but they will be in our next.

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GOOD WORK AND POOR TOOLS.

It is just as big a strain on the resources of the physician to try to do good work with poor drugs as it is for the mechanic to try to do good work with poor tools, and there is the same probability of failure regardless of the ability of the worker, his clearness of understanding of the principles involved and the effort put forth. It has been said with great truth that no class is more careless in this respect than the physician. We should not be satisfied with prescribing names, but should know just what each preparation contains. In this way only can we arrive at accuracy in practice.

COST OF DISPENSING.

This question is well illustrated in Dr. Burch's paper in "Leading Articles" on Bryonin. The doctor treats four cases successfully with an average of less than 30 granules for each case, the entire cost of which was not to exceed 15 cts. In doing so he pleased four families, and, we doubt not, fixed them permanently in his clientele. Had he prescribed galenical preparations from the drug-shop, we believe he would not have got as good results and we feel sure he would not hold the influence of his patients as he now does. There is no chance in this case for refilling or peddling of prescriptions. If you prefer to prescribe, however, by all means specify what you want and be sure you get it.

THE GLYCERIN ENEMA.

The simple principle involved in the cathartic action of glycerin is of importance

and too few physicians avail themselves of it. The effect of glycerin injected into the rectum is to produce prompt peristalsis, extending throughout the alimentary canal, but acting more strongly in the rectum and colon of course. Many emergency cases depend upon accumulated feces and nothing will more promptly relieve the patient and please the friends than an enema of glycerin. It is well to have a bottle in the satchel along with a suitable syringe ready to use in any emergency. A recent case in point will illustrate.

A little girl of four, sick with high fever and abdominal pain, gave history of having eaten largely of grapes for the preceding day or two. A glycerin enema given on the spot to test the condition of the colon resulted in less than ten minutes in relieving her of nearly a quart of accumulated material. Of course the symptoms gradually subsided and the child made a prompt recovery. Admiring friends did not know what the doctor used, but think it was wonderful.

NECESSITY OF CARE IN THE USE OF THE HYPODERMIC.

We have got so accustomed to the use of this little instrument that many of us have forgotten the implicit directions that were given for its use when it was first introduced to the medical profession, to make or mar its success. The following, from a personal letter, is a lesson for each of us:

Two weeks ago I was called to see a fleshy man, suffering profoundly from syncope. Serious heart failure threatened immediate death. Another doctor was standing by who had given him up, and said there was "no show for saving him." I made one hypodermic injection into each arm, as quickly as possible, two granules of glonoin and two of "heart tonic" to each injection, four of each in all, and had the satisfaction of saving the man's life. Now, to my great annoyance, I have a big abscess in each arm; one broke yesterday and the other will be opened to-day. What was the matter? Will glonoin do this? This result greatly ruins the pleasure of the cure.

Here we have an illustration, unfortu-

nately, of the careless use of the syringe, justified, however, by the urgency of the case and, though unfortunate and annoying, of really no consequence beside the fact of saving the man's life. Either the patient's arm was dirty and infection was carried in with the syringe, or the friends brought dirty water (more than likely this) or else the Doctor's syringe had not been properly cleaned from a previous case and carried in decomposed animal tissue. Be sure and have your syringe, the arm, and the water clean, then don't hesitate to use it. It is astonishing what glonoin and similar remedies will do under such circumstances. Fortunately glonoin acts almost as quickly when placed upon the tongue, and even if the patient cannot swallow, two granules dissolved in a teaspoonful of hot water and poured into the mouth will almost instantly begin to produce its characteristic effect. It is a rare remedy and no physician should be without it in his pocket.

DOSAGE.

Broadly speaking the dose of a drug is the quantity required to produce certain results. That this cannot be an invariable quantity is evident from the fact that no two absorb, assimilate or eliminate with uniform rapidity; therefore the active quantity is never the same. Each case being a study in itself, is it not rational to give small doses frequently repeated till the desired result is produced? It is far easier to add to than to take from under these circumstances.

It should be our constant study to give the smallest possible dose, in the pleasantest form, of the most direct agent; it seldom if ever being necessary to produce the full physiological action of the drug in order to get its best therapeutic effect. Children are very susceptible to the action of medicines, and we are much more likely to give too large than too small a dose. This, while true of all forms of medicines, is particularly so of the active principle. We venture to assert that ere long it will be found that the most careful and conservative of us are giving too much.

LEADING ARTICLES.

THE ABORTIVE TREATMENT OF TYPHOID FEVER.*

BY JOHN AULDE, M. D.

Discussions bearing upon the abortive treatment of typhoid fever are of perennial interest, since the disease prevails to an alarming extent throughout the country, and scarcely a year passes that we do not witness serious epidemics which resist the most earnest solicitations of our most skilled and talented physicians. Having had exceptionally favorable opportunities for observing the manifestations of the malady for the past ten years, the writer deems it expedient to present at this time a summary of his conclusions regarding its abortive treatment in the form of a preliminary paper.

By way of introduction, it may be well to indicate what is definitely meant by the term abortion, because much will depend upon the definition adopted.

According to the Standard Dictionary, abortion is used in medicine to indicate, (1) causing abortion; (2) shortening in course, as abortive treatment of fever." The expression is, therefore, intended to convey the idea of either aborting the disease or shortening its course and, with this as a basis, the following remarks will be directed to an elucidation of the methods to be adopted.

As a preliminary to these remarks it will be appropriate to mention some of the objections to the routine methods which have been so long advocated, although it is not deemed advisable to enter into a study of its pathology because the pathological conditions in typhoid fever are well known at the present day. The routine treatment of this disease is devoted principally to the disinfection of the intestinal tract, the profession being under the impression that the micro-organisms find there a suitable soil

for their rapid multiplication. This assumption, however, is true only in part. In the first place, while it is true that the micro-organism associated with this disease finds a suitable nidus for its reproduction in Peyer's patches, we must bear in mind that an inflammation of Payer's patches is not always attended by ulceration; hence the morbid process is not actually in the intestinal tract as usually understood. So long as the micro-organisms are confined to these bodies, although the disease is of intestinal origin, the effects are constitutional, due to the absorption of poisonous products not only from the affected areas but from the intestinal tract as well. It is principally for this reason that intestinal antiseptics alone have failed; and for the same reason, it should be added, may we expect some benefit from the employment of remedies which aid or assist in rendering aseptic the contents of the small intestine, since, from the above explanation, we can understand how advantageous they will prove. Salol, betanaphthol and guaiacol are efficient remedies of this class; and it has lately been suggested that the latter may be used externally with good results.

The first mentioned of these remedies, salol, is effective in the treatment of typhoid fever, because when it enters the intestine it is broken up into its constituent elements, salicylic acid and phenol, both ingredients being eliminated principally by the kidneys. But the benefits are often more apparent than real, and there comes a time when these remedies act unfavorably, owing to their poisonous influence upon the renal structures, and they must be abandoned. Moreover, it is now well known that carbolic acid is a most objectionable cardiac depressant, and the faithful clinician finds that however beneficial its effects, salol can not be continuously given in the treatment of this disease. Beta-naphthol is not open to this objection, but its employment is often contra-indicated by rea-

* Read before the twenty-first annual meeting of the Mississippi Valley Medical Association, Detroit, Mich., Sept. 6, 1896.

son of the pain and burning which follows its administration, and in addition to this patients rebel against it owing to its taste. This latter objection can be obviated by administering the drug in capsules, but even then we do not overcome the objection first noted; nevertheless it is a good remedy for this disease, provided we assume it to be a disorder confined to the intestine, but it is not strictly an intestinal affection as previously stated.

In the present state of medical knowledge, guaiacol ought to be the ideal remedy for the treatment of typhoid fever, but it is lacking in certain essential elements. Perhaps the principal objection to guaiacol is the fact that, in order to be of service, the whole system must be medicated. Thus, guaiacol is largely eliminated by the pulmonary structures; it is also eliminated by the skin and kidneys as well as the bowels. The advantages arising from its local application are due to several influences, as follows: (1) Its influence upon the nervous system; (2) its influence upon the protoplasm at the points of elimination, namely, in the lungs, kidneys and skin; (3) its special influence upon the protoplasm of the intestinal structures where, owing to the inflammatory action taking place, a large percentage is likely to find an outlet; and just here, it should be remarked, is the secret of the successful employment of remedies in this disease. We need a remedy which will enact the role of an intestinal antiseptic both locally and constitutionally; that is, a remedy which, on entering the intestinal tract, will aid or assist in rendering the intestinal contents aseptic, while at the same time it is finally discharged through the bowels. Naturally we should turn to one of the salts of mercury for this ideal remedy; but, unfortunately, mercurials have utterly failed to control typhoid fever, although calomel was given and is even now recommended under the mistaken notion that it acts as an intestinal antiseptic.

We have in copper arsenite a remedy

which fulfills every claim, and moreover it has been pretty thoroughly tested clinically. Since the autumn of 1888, when I first brought its virtues to the attention of the profession, I have used it constantly with the most satisfactory results. In addition to my own experience, I have received numbers of flattering reports from other physicians in general practice, notably one from Dr. A. H. Thomas of Burley, Wis., who passed through an epidemic of typhoid fever which occurred in Burley, Wis., and Ishpeming, Mich., during the summer of 1893. Dr. Thomas reports (American Therapist, December, 1893,) ninety cases treated, in which copper arsenite constituted the principal medicament, with but a single death, and that from intestinal hemorrhage.

Since the autumn of 1888, I have never failed to abort or shorten the course of typhoid fever by the use of copper arsenite together with the administration of other indicated remedies presently to be mentioned, and I believe that this disease can be arrested at any stage.

This latter claim is so surprising in its character that an explanatory note should be added. In its incipiency and, probably, for the first week of an attack, typhoid fever is specific in character, but after this period it is usually composite in character; in other words, it is a mixed infection, due to the effects of the disease upon the functions of elimination. Now, when the claim is advanced that typhoid fever can be arrested at any stage, it means that the typhoid or specific nature of the infection can be caused to disappear, when there remains a simple, continued fever. Anyone having a case of typhoid fever under observation will find it an easy matter to verify the claim here advanced.

The plan of treatment is briefly outlined as follows: when a case of suspected typhoid comes under observation, the patient is confined to bed, a suitable diet ordered and a careful record of the morning and evening temperature kept. As a rule, cop-

per arsenite in doses of 1-100 of a grain is given at intervals of four to six hours while awake. Should there be evidences of an hepatic complication, mercury biniiodide is substituted for the copper salt, 1-100 of a grain being administered at intervals of two or three hours for one or two days, which is generally sufficient to correct or remove this complication for the time being. It may be necessary to repeat this medication, but the mercurial should not be permitted to supplant the copper salt. When the patient is restless or sleepless, it may be expedient to administer small doses of the bromides, or codeine sulphate may be substituted, 1-5 grain at intervals of two hours during the afternoon. In addition to this, I have found "nuclein solution," the animal product, most effective in restoring the functional activity of the glandular system, 1-3 to 1 minim at intervals of two to four hours. In serious cases, or when the patient has advanced to the second week of the disease, both remedies should be given hypodermically, preferably in the following manner; a tablet of chemically pure copper arsenite, containing one grain of the salt is dissolved in four ounces of boiled water, and to this mixture dilute hydrochloric acid is added drop by drop until it becomes clear, the mixture being thoroughly agitated meantime. Each thirty minims of this clear solution carries, approximately, one milligram (gr. 1-67), and this amount can be injected under the skin at some indifferent point night and morning. The nuclein solution is given in doses of two to five minims (five to ten drops), diluted with a sufficient quantity of sterilized water to make a syringe-full and introduced subcutaneously in the same manner, twice a day.

The simplicity of the treatment is all that could be desired, and its efficiency will be apparent to all those who have the temerity to test its virtues. Several of my professional friends report remarkable results from the exhibition of nuclein solution alone, although, in most instances, it has been tried only in hopeless cases after the apparent failure of approved methods.

Let us take a brief survey of the physiological basis of this plan of treatment. Anodynes are used solely as a temporary expedient for the purpose of quieting the irritant effect of the poisons upon the nervous system. The mercurial for its influence upon the hepatic function, which is liable to become deranged owing to the extra work thrown upon the liver in eliminating or destroying the poisons. The copper arsenite acts as an intestinal antiseptic, through its influence upon the nervous system and through its influence upon the protoplasm at the points of elimination, namely, the epithelial cells of the intestinal mucous membrane. Through its irritant effect upon protoplasmic cells throughout the body, being administered in extremely small doses, it acts continuously as a stimulant, augmenting cellular activity in every part. The nuclein complements this action by enacting the role of a ferment; but in addition to this, it establishes an artificial leucocytosis, an important function which has been demonstrated to be absent in typhoid fever. This latter is a feature which has been overlooked in the treatment of this disease. From the lack of proper nourishment, phagocytic activity is held in abeyance; the multi-nuclear white blood corpuscles, being unprovided with suitable pabulum, are unable to produce the needed defensive proteids, of which nuclein is the chief, and as a consequence, metabolism is hindered and waste products accumulate, so that to the specific infections is added the disorders resulting from suboxidation and defective elimination.

By this plan of treatment, typhoid fever can be arrested, if taken in the early stages, within a few days, or at most in less than a week. When adopted during the second week of the disease, or subsequently, the peculiar character of the affection is changed; the temperature falls, the patient experiences a feeling of well-being, threatened complications subside and recovery takes place, relapses being unknown.

Reader let me tell you a secret. We have arranged with Dr. Aulde to contribute regularly to the Clinic. This will add much to its value during the coming year. If you are not a subscriber this alone should determine you to be one for 1896.

We are glad to note the Doctor's handling of the expression "abortion of disease" and heartily agree with him that it means simply a shortening of the usual course. Those who oppose any plan or idea, always take the extreme upon the other side.

There is one feature which we have considered essential in the treatment of typhoid conditions that he does not mention, and that is the free evacuation of the alimentary canal. This is best obtained by the use of seidlitz salt, a sufficient dose being given early every morning. This, added to the general eliminative treatment suggested, gives us a plan that will rob the disease of its many terrors. We note, also, that the doctor depends entirely upon antiseptic measures for the reduction of temperature. This may usually, but will not always, avail. What shall we do when it does not? In a recent case where five minims of nuclein were given hypodermically, an unpleasant fullness of the head was experienced and we have wondered whether the dose might not have been too large.

In outlining a treatment for typhoid fever the subject of diet is of importance but it is not as important as we have hitherto been led to suppose. A proper attention to local and general antisepsis will enable the weak organs to digest quite a variety of easy foods. Questions, suggestions, etc., are in order.—Ed.

TREATMENT OF THE CACHEXIAS.

BY WM. F. WAUGH, A. M., M. D.

Professor of Practice, etc., Illinois Medical College.

There are few affections for which the dosimetric granules are better adapted than for the cachexias, for in general they require the prolonged effect of slowly acting remedies, in doses so moderate, of drug so pure, that their use may be continued for very long periods. Besides they are affections whose course is quite uniform and not very likely to be interrupted by unforeseen emergencies arising. The patients can therefore be entrusted with medicines that do not require the frequent visits of the physician.

First on the list of remedies in all cachectic states, I place the lactophosphate of

lime, preferring this salt to the hypophosphate on account of the ready solubility of the former. This is an important matter in the case of a drug whose influence is not soon manifested, which must be given for weeks or months before its effects become evident. Much of the ordinary lime salts is lost in the stools and never enters the blood. The lactophosphate is a tissue-builder, and in all conditions where there is a feebleness, a delicacy of the tissues, a weakness of the cell-walls, there is indicated an increased supply of that element to which every cell in the body owes its stability, lime. It is obvious that such a nutritive change can not be accomplished quickly; the lime must be given steadily for a long time until the need for it has vanished. Sometimes the patient herself supplies the indication for its use and its continuance. One of my children displayed a remarkable craving for lime, eating chalk, white-wash, tooth-powder, anything she could get her hands on that contained lime. I gave her lactophosphate for nearly two years and I cannot but think that this has influenced her health ever since, and that her sound teeth, unusual muscular strength, and the ease with which she puts illness over her, are due to those two years of lime.

The good effects of lime are well shown in the treatment of the children of consumptives who are prone to epistaxis. Troussseau pointed out the danger of iron in such cases and showed that a course of iron was apt to be followed by pulmonary hemorrhage. The fragility of the cell-walls calls for the lactophosphate, while the coagulability of the blood is increased by the use of the calcic chloride. This discovery of Wright has never been properly appreciated. In all forms of the hemorrhagic diathesis, purpura, scurvy, etc., the chloride of lime should be given in doses of ten to thirty grains per day. Unlike the lactophosphate the chloride should not be given for more than ten to twenty days or a reaction will set in by which the gain will rapidly be lost.

Arsenic should be given in small doses and any of its salts will irritate the stomach if given too freely. Gross told me once that if and drug influences cancer favorably, it is arsenic. In phthisical, daturous, malarial or lymphatic cachexias, arsenic is valuable. For all forms of pulmonary consumption I prefer the iodide; also for splenic or lymphatic forms, but in malarial cases I use the iron arsenite and the quinine arsenite. The average dose for the last two is one centigram before meals.

The claims of manganese are still sub judice. I have given it in many cases and it has seemed to do good, as iron does, and in the same line of cases. But I have never seen a case where iron failed and manganese did better. At any rate, it is not easy to determine the amount of credit due to a remedy, as I am conscious that many patients would get better no matter what I gave them. Every doctor who has practiced for a quarter of a century realizes how much of his success is really due to himself and not his drugs. Call it faith, conceit, hypnotic suggestion, the consciousness of full knowledge of a case and of one's power to master it are instinctively realized by the patient, who is more than half cured before the first dose has been taken. For this reason I would suggest that manganese be tried for the anemias of children too little to be susceptible to the faith cure. This I am doing at my clinic at the Post-Graduate College where large numbers of children are brought.

Hydrastin is a remedy for splenic cachexias, malarial or lucaemic; the virtue lying in its astringent power. It is a valuable adjuvant to the other remedies indicated.

In all cachexias, mercurial, saturnine, arsenical, syphilic and scrofulous, the absorbents can be stimulated to carry off inert, waste products, and free the tissues of their encumbering debris. Iodine is the great absorbent, and may be given in the form of iodol or iodoform, for tubercle or scrofula, the iodides of iron and arsenic for anemia, the iodide of calcium for those needing tis-

sue building rather than breaking down morbid deposits, and mercury biniodide for syphilis, or when the most powerful absorbent action is required. The iodide of gold ranks with the latter.

It has been suggested for the mercurial cachexias but this seems to me a useless and dangerous experiment. The cachexia from the over-use of gold, pushed to salivation, has proved exceedingly difficult to handle. One case coming to me after having been thus treated, in Philadelphia, has never recovered her health and still shows the auric cachexia, a year afterwards. Whether gold is of any use in cancer I am unable to say as I would not feel justified in using it in any case that could be reached by the knife or by the electrolytic needle.

Europhen, encalyptol, and the sulpho-carbolates are only useful as intestinal antiseptics. But in all the cachexias the immense importance of intestinal antiseptics is just beginning to be recognized, and we may say that this principle must stand with those of absorption and tissue building as the foundation of our treatment.

The scorbutic cachexia is more common than is generally believed. During the present month I have had a case, a student at the University of Chicago, who had the purpuric eruption, debility and other symptoms of scurvy, all of which disappeared quickly under a diet of fresh vegetables. Citric acid is also useful in the scrofulous, especially if taken with abundance of water, flushing the emunctories freely.

In the same line the remedies that act upon the liver, such as irisin, euonymin, chionanthin and corydaline, fulfil a useful function. If this great gland be not kept at its full activity, it is useless to administer the other remedies in cachectic states.

With all the above it is sometimes difficult to induce the patient to take enough exercise, especially if he is relaxed in body and depressed in spirits. Strychnine or brucine is here indicated and from them we obtain far more speedy effects than from most of these mentioned previously, and my older

readers will comprehend why I place the greatest importance upon the influence of hope, of tranquilizing the patient's mind, seeking out and relieving the moral and mental worry, remorse, grief or despair. I have found an unconfessed fault preying on the mind of a child, at the bottom of an anemia that iron had failed to cure; and grief for the loss of a child produced a cachexia that only yielded to active work among the poor in a time of great need.

103 State street, Chicago.

One point should be emphasized in connection with the treatment of cachexias and that is the absolute necessity of keeping the alimentary canal clean. One of the best agents for this purpose is the Granular Effervescent Seidlitz Salt, of which a heaping teaspoonful, more or less, should be given in half or two-thirds of a glass of water, early every morning. Free dilution adds to the efficacy of this preparation.—Ed.

THE MALADIES OF WOMEN.

(Eighth Paper.)

DISPLACEMENT OF THE UTERUS.

BY W. C. BUCKLEY, M. D.

Prolapsus Uteri.—This is a general malady among women, indeed there are very few who have entirely escaped it in greater or less degree. It was formerly considered to be confined, mainly, to women beyond the middle of life and to those who had born many children, where the natural supports had become weakened and relaxed by frequent pregnancies and child-births; but in our day and time it is more prevalent. Youth is no more exempt from it than the more aged, nor the single than the married; it assails alike the girl in the teens and the matron of middle life, or beyond it. When the habits of society were more simple, more consistent with propriety and the requirements of hygiene, and women's clothes were cut and fashioned more in the interests of comfort and health than extravagance and folly, prolapsus uteri seldom occurred among unmarried women; and when it did happen, it resulted from accident, as undue physical exertion or a sudden movement of the body, rather than from depressing constitutional causes.

The uterus is so suspended by elastic structures as to allow a certain degree of motion when in a normal condition. Its shape is that of a flattened pear, its walls tapering gently and regularly from the fundus to the level of the os interum. The size and shape of the normal uterus is very necessary to be kept in mind when making a bi-manual examination, as it is only in this way that slight enlargements, as in early pregnancy or tumors, can be recognized. Such knowledge is easiest gained on the dead subject, but a spare woman will convey to the fingers, bi-manually, quite a distinct idea of the size and shape of the normal uterus of the multipara. The normal uterus measures, internally, from os-externum to fundus, about $2\frac{1}{2}$ inches. In the multiparous woman it is considerable more. The breadth between the tubes of Fallopius is a little more than two inches, and where the body joins the neck it is about one inch more or less. There are few more important lessons to be gained by the student of gynecology on the dead subject than that of bi-manual performance made in different positions of uterus.

The uterus has mobility, yet the amount of movement varies; it is normally movable in all directions; this should be remembered. The body and fundus has more mobility than the cervix which is fixed to the bladder and vagina to quite a degree. The movements are forward and backward, hence it accommodates itself to the filling and emptying of the bladder as well as the rectum.

Its lateral movements are slight on account of the hindrance by the broad ligaments. There is a natural movement both upward and downward, observed during inspiration and expiration and during examination, these movements are taken advantage of in surgical operations on this organ. The axis is in a direct line from the umbilicus to the coccyx. It is that of the inlet.

The normal position of the uterus in the pelvis is between the bladder and rectum

too thinly clad after several hours spent in the vitiated and heated atmospheres of crowded assemblies; reading exciting and demoralizing novels or romances; over fatigue as from too long a walk; excessive dancing, rope jumping, too long continued rapid ascent of stairs; sudden and severe straining, as from lifting a heavy weight, tight dressing, etc., all tend to produce this condition.

Prolapsus uteri may be divided into two forms, acute and chronic. The acute form may occur alike to the married and the unmarried. It usually accompanies or succeeds a long fatiguing walk, jumping, romping, or any sudden and violent movement of the body when too tightly dressed, by which means the organ is suddenly forced down out of its natural position. sharp lancinating pain, especially in The accident is usually attended with violence inclined forward in the axis of the brim. The upper surface of its fundus is normally on a level with the plane of the brim, seldom higher; sometimes a little lower, and about three-quarters of an inch in front of the sacrum. The normal uterus is somewhat antverted. In the virgin state the mouth is distinguished by a small oval opening, and in child-bearing woman by a deep transverse fissure. Were women generally better informed in regard to the anatomical structures and relative positions of the reproductive organs, more capable of exercising an intelligent caution in regard to violating the laws instituted for their government, and of studying the means of avoiding the casualties of indiscretion and the invasion of disease, their list of suffering would be greatly curtailed and their enjoyment of life proportionally enhanced.

Whatever tends to weaken or relax the uterine supports favors the downward direction of the organ by its own gravity. The depressing habits of society, as late hours, indulgence in warm, soft beds, late in the morning, in heated and ill-ventilated apartments; rich luxuriant diet, stimu-

lating drinks, tea, coffee and wines, etc.; nightly dissipations, absence of proper outdoor exercise, exposure to night air when the left side above the groin and often with great nervous agitation and sometimes with convulsions. The cause of these severe symptoms is frequently misunderstood and the patient is subjected to a course of treatment irrelevant if not injurious, and for days or weeks endures suffering which ought, by well directed efforts, to have been averted in a few minutes, if properly understood.

Chronic prolapsus uteri is vastly more prevalent than the preceding variety; its progress is uniformly more gradual, and its symptoms less severe, though it may be provoked by a sudden impulse communicated to the organ by some unusually quick movement of the body, or undue physical exertion. Its presence is generally attended with a dull, heavy pain and dragging sensation through the loins, a sense of uneasy downward pressure through the pelvis, a pain of greater or less severity in the left side, sometimes, but rarely in the right, is aggravated by walking, ascending stairs lifting weights, etc. It is usually accompanied by more or less leucorrhoea or "whites." These symptoms often continue for several months without much change, the invalids mostly remaining ignorant or uninformed as to the cause or nature of their ailment. As the malady continues, other and distant parts of the system become involved, too frequently resulting in permanent ill health; dyspeptic symptoms supervene with variable appetite, constipation or diarrhea, neuralgic pains in different portions, as head, chest, abdomen, extremities, and the special organs, as the brain, liver, stomach, etc., and nervous irritability and mental depression with all their train of evils complete the list of miseries.

There are three degrees of prolapsus that have been recognized.

First. Only a slight fall, a mere descent, or displacement.

Second. Where the organ has fallen and rests near or on the floor of the pelvis.

Third. Where it protrudes through the external organs, and appears in the outer world. The local suffering attendant upon prolapsus uteri is not necessarily proportioned to the extent of the displacement. Women of an irritable, nervous temperament, of acute sensibilities, suffer more intensely from the first degree, than those of slow, sluggish, lymphatic states do from the third. Indeed it is not unusual for the former to be confined to their beds from the severity of the pain, while the latter are engaged at hard work with the protruding organ suspended in a bandage to prevent its further descent.

Prolapsus unless complicated with extreme constitutional deterioration seldom interferes with menstruation or the reproduction process. It is not uncommon for women to suffer from this malady and its distressing consequences for years, with but little relief or mitigation of symptoms, despite their precautionary efforts, and the unwearyed attentions of their medical advisers. It cannot be expected that physicians whose time is wholly devoted to the active duties of a general practice, be their skill and capacity in a general way what it may, can give to any one class of diseases that special attention which its importance demands or the best interests of the patients require. Woman and her peculiar maladies furnish themes for the study of a life time, and the world is none too wide to supply the requisite sources of information to be explored and appropriated.

The numerous valuable works that have been written since the recent discoveries in gynecology, and the hundreds of journals in every language and from every country teeming with the wisdom and light of gynecian experience, together with the various mechanical and medical appliances for the management and cure of these hitherto incorrigible maladies, claim the especial and undivided attention and study of the medical practitioner. Had this department not re-

ceived the attention which it has received in the past few years, a most deplorable condition of things would now exist, because of the increased number of causes now at work to destroy; but now, instead, woman can receive that full measure of benefit from medical treatment to which she is entitled when suffering from the class of diseases peculiar to her sex.

Before the advent of direct medication by the use of alkaloid-therapy, therapeutics was crude and uncertain, but now uterine sedatives, tonics and alteratives, specific in their nature, hence certain in their results in the alleviation and cure of the various ailments of women, are now well known. These remedies have already been mentioned and will be spoken of more fully in the course of these writings.

Anteversion.—This displacement is of less frequent occurrence than the preceding one, though it is often met. The symptoms bear a strong resemblance to prolapsus with which it is sometimes complicated. It arises from a partial development of the causes producing prolapsus, *yiz*: absence of a uniform action of the uterine supports, a portion of them being in a state of relaxation while the remaining part retains a rigid contraction.

The nerve supply of the cervix is received mainly from the ganglionic nerve centres, little comes from the cerebro-spinal; but the vaginal walls and the body of the uterus are freely supplied with nerves of spinal or cerebro-spinal origin, hence excessive innervation in one system leaves oftentimes a deficiency, or relative deficiency at least in the other and as a result we have or may have areolar hyperplasia, fibroids, or other morbid processes. This gives a clue to treatment. Remedies to control excessive innervation of the parts, as heliozin, caulophylin, macrotin, etc., are indispensable, and without such remedies as act in this way our labors will be in vain. See literature by the writer on uterine tonics, etc.

Retroversion—Is more oftener encountered in practice and is subject to the same

general class of causes as operate in producing anteversion, and the other mechanical derangements of this organ. Retroversion is a more formidable trouble than anteversion, because it is not so easily adjusted and is more painful and distressing during its continuance.

Though the signs and symptoms of the various displacements are significant of the nature of the trouble, its specific character can only be positively determined by an examination, when the different parts of the uterus can be felt through the vaginal walls as before remarked, and their definite location precisely determined.

For inflammatory deposit, puncture; give the uterine tonics and alteratives and general tonics as the strychnias, etc. Reposition of the uterus by means of the uterine sound. The ordinary Simpson sound is probably the best in use.

Mark the contra-indications well.

Pessaries have been weighed and found wanting.

The next paper will treat of Puberty and Menstruation.

It is well, perhaps, to review these causes of displacement of the uterus, and we shall be glad to follow Dr. Buckley in his remedial treatment, knowing full well that he has most excellent success with such cases. Medicines have a place which nothing else can fill, but the value of electricity, properly applied, must not be lost sight of. We have sedation and stimulation at our command, applicable in every case. See Prof. Neiswanger's article in September Clinic.—Ed.

CANCER OF STOMACH.

Symptoms—Treatment—Post Mortem.

BY E. F. KELCHNER, M. D.

My patient and subject, Mr. H., was a German 58 years old. May 21st, 1895, I was called in haste to see him for the first time. I found him sitting bent forward holding the pylonic end of his stomach hard with his left hand and pressing the left hand with the right. His suffering was so intense that he was covered with a profuse perspiration yet complained of being cold if a door was left open for a moment.

I gave morphine sulph., gr. $\frac{1}{4}$, with atropine sulph., gr. 1-120, and ordered the dose repeated in three hours with directions only to give to the extent of controlling pain.

History: About four years ago his house burned at night, and in trying to save some of his goods he became very warm, drank freely of cold water, took a severe cold and, as he expressed it, "the cold settled in his stomach." Since that time he had more or less trouble with his stomach. During this time he had been treated by several physicians, having had the usual treatment for catarrh of the stomach, chronic and acute indigestion, dyspepsia, etc. There was no family history of malignant disease. I examined him as well as I could, under the influence of morphia, but found no tumor.

Treatment: I gave him pepsin and bismuth, afterwards changing to sulphocarbonate of zinc, then to salicylate of soda. He seemed to improve on salicylate of soda and walked out several times and took a ride or two. All the time he had to have one-fourth to one grain of morphine a day. His tongue had a whitish-brown coat with a tendency to cleaning at the end and edges; breath foul; bowels never made me any trouble as I gave the sixth-grain granules of podophyllin often enough to keep them acting nicely.

The salicylate of soda was discontinued about the 10th of June on account of his being sick at the stomach, though he never vomited. The pain continued severe with no intermission except when the morphine was used and he began to call for it oftener. I now put him on a twenty-teaspoonful solution, in water, of cicutine, 20 granules; hyoscyamine, 6 granules; codeine, 8 granules; copper arsenite, gr. 1-100; one teaspoonful every fifteen minutes until three doses had been taken, then every one to three hours. This gave him more real ease than anything he took and made him think he was getting well. The morphine was reduced until only $\frac{1}{4}$ of a grain was taken some days.

His food was milk, both sweet and butter-milk, the buttermilk acting nicely as a diuretic. He could drink a glass of milk without any inconvenience but everything else caused pain. He digested the milk well. His skin had been clear until about June 26th, then he began to look sallow, eyes a little yellow yet never markedly so. June 30th his tongue was nearly clean and he was resting easier. July 2d found him resting much easier. He now allowed me to examine him without morphine, using more pressure than he had ever allowed before with it. For the first time I found, around the edge of the liver, near the pyloric end of the stomach, a solid mass. Since the evening before, he had been spitting up a creamy, pus-like sputa streaked with dark blood. It was not coughed up but seemed to raise without much effort. This was the first he had ever spit up. The 3rd he spit up quite a quantity of this but rested well until 3 a. m. the 4th, when he was seized with a paroxysm of pain that we were unable to relieve and died July 4th, at 6:30 p. m.

Post Mortem: Assisted by Drs. Bailey and Nusbaum, about midnight, I opened the abdomen by a "T" shaped incision starting from the ensiform cartilage and cutting nearly to the navel, then transversely nearly to the ribs. On pulling the stomach downward and forward I found it adherent; passing my hand over and under the lesser curve I found a tumor which I pulled forward with the stomach. It was a mass about three inches long by one and a half or two inches thick fastened to the pyloric end. On tearing this tumor open we found it filled with a creamy, pus-like fluid giving off a peculiar odor. We think this opened into the stomach about the time he commenced to spit up the blood and pus.

We now turned back the flaps and exposed the liver, which was bound down by many adhesions. Breaking these away we found it nearly a solid mass of secondary growths, ranging from the size of a pea to that of an English walnut. The gall-bladder was about half full of bile. The duct

was free and here, around the duct and gall bladder, we found the only normal part of the liver.

Armington, Ill.

This article is of interest in that it gives a good every-day history of this condition which is seldom discovered in season to avert a fatal calamity. Now and then, in the light of better clinical knowledge and in the hands of skilled surgeons, recent cases are arrested for the time being, if not cured, but the history and termination here given, is the usual one.

The cause to which the cancer is attributed is of interest and we would like much to have the opinion of some of our friends who have given particular thought to this subject as to whether it might have been so occasioned. Our good friend, Dr. W. D. James of Dorchester, Mass., has given a life-long study to the subject of cancer and we should like much to hear from him. It is probable that the benefit derived from the use of salicylate of soda was purely through its anti-septic action. It was discontinued because, as is usually the case, it began to disturb digestion. This fact should not be lost sight of in the use of this drug when, in rheumatism and kindred affections, it is often pushed for the benefit of the disease to the detriment of the patient.—Ed.

THE DOCTOR AND THE SALESMAN.

BY E. O. HUMPHREY,
Chicago City Salesman for the A. A. Co.

There are many obstacles strewn along the pathway of the man who sells medicines to the medical profession. To gain admittance to the physician is the starting point. His "at home" hours are generally few, and the possibility of seeing him during "office hours" is not very great.

One fact encourages a short wait, the busiest M. D. is the most successful, and this doctor is generous, amiable and interesting. He always talks "business" and says "Glad to meet you! got something new?" You feel that you stand in the presence of a man not a machine. He has the faculty of saying "No" or "Yes" and without any hesitancy. He is a slave to no man, and will purchase anything he wants without consulting his druggist or a neighboring physician. He sets a high price upon brains and has some of his own. He has quit the

fight over "pathies" and has gone into the practice of medicine. He is "just a doctor," seeking to relieve suffering and prolong life. Such a man always has time to see the representative of the Manufacturing Pharmacist and, even if he buys no goods, always has a kind, encouraging word for him, while just to meet him is restful to the weary worker.

The physician who half opens the door, gives your card a contemptuous glance and shuts you out with "I'm too busy to see every man who has something to sell," is also here, and here to stay, at least, until his landlord invites him to pay rent or move. This kind of doctor never asks you if you have anything new. There is nothing "new" to him. He is ahead of all genius, has used everything. This man never wants anything 'unless you have samples to leave.' He makes himself "solid" with all the drug-shops in his locality by buying cigars of them and sending now and then a poorly written prescription, when he chances to get (or some one sends him) a patient. He can be seen "loafing" near his "pet" waiting for "tips" that may fall his way. This doctor may have a place in the economy of nature, but neither the reliable pharmacist nor the able physician has any use for him.

Which would one naturally choose for the 'family physician?' The big-hearted, sympathetic doctor whose professional, civil and social life is so clean and strong as to make his coming a time of rejoicing, his name a household word, or this parasite upon humanity above described?

Next in importance to the diagnosis of disease and knowing how to treat it, is the form of medication to be employed. This is one of the stumbling blocks to the physician. The first question to be settled is will the doctor dispense his medicines from his own stock or write prescriptions and send his patient to the pharmacist. Many excellent physicians have thought it unprofessional to keep medicines, claiming that

"the doctor should not be a druggist." Others hold that the doctor is not competent to fill his own prescriptions, "that never having studied pharmacy he is, therefore, unlearned in the art," etc. Not a few 'write prescriptions because they do not want to be bothered with dispensing their own medicines' and, last and poorest of all, one reason often heard is 'I can't collect for my services, how could I afford to give away medicines?' The writer honestly believes that all the above reasons are bad and are the result of superficial thought upon the subject.

The practice of medicine should be closely studied from a financial as well as a professional standpoint. The physician who accumulates much of this world's goods is the exception. Naturally, the plan which will give the best results, will put him in a way to make the most money. The doctor who cures is the one who will succeed. In this progressive day the M. D. can get almost anything in the line of medicines, nicely and accurately prepared by manufacturing pharmacists for his convenience in dispensing, and thus the objection to the "bother" of handling his own remedies is removed. In the light of this fact the statement that the doctor has not studied pharmacy goes for naught or is equivalent to saying he has not studied medicine. This cuts no figure in the case of the efficient physician, and we dropped that so-called "doctor," who never has time to see you unless you have something to give away, early in the discussion of this question, for the reason that he never devotes his precious time to such trifling subjects. We leave the "unprofessional" idea with one passing thought. It is highly professional to know what your patient needs; to follow out the necessity, you should know exactly how much and what you are giving, and in all humanity, see that he has it before you quit his bedside. The sick man has more confidence in his doctor than he has in all the druggists in the land.

The question of giving your remedies to your patient or charging extra for them is an important one. If you have one hundred families who never pay you for your services, it would be poor policy to distribute medicines free in order to enlarge that kind of a practice; but, everything else being equal, the doctor who charges for ability to treat disease, and furnishes the bulk of his own medicines free, will extend his practice in the right direction and have more money in the end.

The form of medication to be employed is another "rock" in the salesman's pathway and will be cared for in another chapter.

• Station X, Chicago.

These ideas, while not put, perhaps, as a physician would put them are, nevertheless, not without value. They are the honest conclusions of an able man who, for nearly two years, has been at work in this great city and has, of course, met all phases of the question. There is no doubt but the tide is turning and the city physician is beginning to see things in a new light. The abuse of the drug-shop is in a great measure responsible for this. The average physician is being compelled to dispense more or less of his medicines in self-defense. When half the business of a drug-shop, outside of soda water and cigars, is prescribing for minor ailments, and 80 per cent of all prescriptions "refills," as is the case in one store recently investigated, it is time for the doctor to set down on his out-of-date silk hat and think it over.—Ed.

FAKIRS AND FARADIC FADS.

BY C. E. NEISWANGER, PH. G.,

Prof. of Electro-Physics. Post-Graduate Medical School of Chicago.

The physics of induced currents being somewhat more complex than some other branches of electrical science, the electrical fakir has chosen this field in order to more completely mystify the laity, and confuse the physician.

Ever since the first induction apparatus was constructed by Faraday in England and Henry in America, innumerable different shapes and sizes, some with fine and some with coarse wire coils, some with one kind of interrupter and some with another, have

sprung up all over the country; each manufacturer claiming special therapeutic advantages for his apparatus, until the physician who is not an electro-physicist is totally at sea.

One salesman comes along and says to the physician: "Your faradic battery is not up to date; it has not 1,500 yards of wire in the secondary coil." Another says: "You cannot produce 'local anaesthesia' with your battery, because the interrupter does not give the note of high C." While still another will say: "My battery has ten different binding posts on it and gives ten different currents, while yours only gives a primary and secondary current."

It is thus that the fakir fattens while the purse of the credulous and tootrusting physician is depleted. An incident illustrative of this point came under the writer's observation a short time ago while in Cincinnati, which, briefly told, is as follows:

The physician had just purchased a very fine cabinet battery, giving both the galvanic and faradic currents, for which he paid between \$200 and \$300; it was handsome, well made and reliable. The fakir enters, casts his eye upon the apparatus for a moment, then commences to laugh. Inquiry being made as to the cause of his mirth, he replied: "It amuses me to think how easily you doctors are gulled. I see you have a fine looking piece of furniture there that the manufacturer calls a battery, which, in fact, is not worth the room it takes up in your office. * * * I have here a battery that it will be worth your while to examine (opens up a small, gaudy looking faradic battery worth \$10 to \$12). This battery will do all your work; it gives ten different currents. * * * I only ask \$150.00 for my battery and you tell me you paid \$250.00 for the one you have there, it is ridiculous! Why, the zinc in my battery is pure, costs \$7.00 and never has to be renewed, while the secondary coil is wound with platinum wire that costs as much as pure gold."

The doctor finally weakens and being disposed to make the most he can out of a bad bargain, gives the fakir his cabinet and \$25.00 and takes the "toy" machine. Is it any wonder that it is hard to elevate electricity to its proper place as a therapeutic agent when such incidents are of every day occurrence?

If I take the two ends of a non-current-bearing wire in my hands and suddenly move this loop into a magnetic field, i. e. into a field permeated by magnetic lines of force, an electro-motive force is generated in the wire at the time of the transfer only, but when I again remove the loop from the magnetic field another E. M. F. is induced in the wire during the transfer but flowing in an opposite direction from the first. The quicker I make the transfer of the loop in and out of the magnetic field, the higher the E. M. F. induced in the wire. In a nutshell these are the prime principals of every faradic battery, except that in the latter the magnetic field is the movable factor, while the wire remains stationary.



FIG. 1.

Fig. 1 would represent the core and primary coil of a faradic battery, this core is not a magnet until a current of electricity flows through the wire which surrounds it, when it becomes strongly magnetized and throws out lines of magnetic force as in Fig. 2, which, in their effort to travel in a cir-

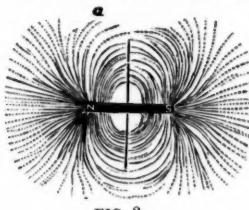


FIG. 2.

cuit from the north to the south pole of the magnet thread through the convolutions of wire composing the coil cause a current of electricity to flow in one direction during the

influx of the magnetic lines and in the opposite direction at the time of their withdrawal. Just as the current was generated in the loop of wire when held in the hands by being moved into and taken out of a magnetic field.

This alternate influx and withdrawal of the magnetic lines can be easily understood by referring to Fig. 3. The slender spring fastened in the slot at R. just touches the point of the thumb-screw T at X', and it is at this point that the circuit in the primary

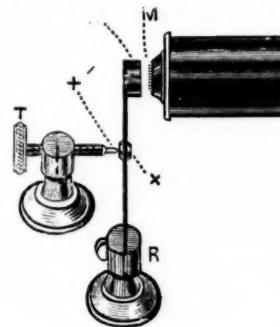


FIG. 3.

wire is "made" and "broken." When the current flashes through the primary, i. e. the coils of wire directly surrounding the iron core, the latter is magnetized and throws out lines of force as in Fig. 2, which permeate the convolutions of both the primary and secondary coils; at the next instant, however, by magnetic action the hammer H is drawn toward M which breaks the contact at X and as the current ceases to flow through the primary coil, the core loses its magnetism and the lines of force are withdrawn from the convolutions of wire, thus generating the inverse current above referred to.

The greater number of turns of wire in the coil, or, in other words, the more times we can cut the magnetic lines, the greater the E. M. F. generated, but the quantity or current will be correspondingly lessened on account of the increased resistance of the wire.

The faradic current is a general tonic in its nature, assisting metabolic action and eliminating waste products, but is more me-

chanical than medicinal. Its greater value is in the slower interruptions and the improvement in faradic coils will not be in putting a great length of wire in the secondary coil with the addition of a "singing rheotome" that will give the note of high C

The so-called local anesthesia produced by rapidly alternated high-tension currents is simply done by tetanizing and fatiguing the muscle or nerve, and the writer does not believe it is as good or permanent as the relief of similar cases brought about by the action of the positive pole of the galvanic battery.

Let your faradic battery have a good primary coil with sufficient wire to thoroughly magnetize the core and a secondary coil of finer wire probably about 1,000 yards in length and an interrupter giving from 40 or 50 up to 4,000 or 5,000 interruptions per minute, and trust its manufacture to some reliable firm, and you will not be disappointed in the results obtained from the apparatus.

6354 Maryland Ave.

The information contained in this paper is of great practical importance, and we only wish the author had gone more minutely into detail. Having given us the rationale of induced currents and the effects of slow and rapid interruption, he should tell us in what the current differs with the switch upon "P" or "S." This, with practical clinical instruction in the therapeutic application of faradism, would do well for the next paper.

At our office, during the past three months, we have had an opportunity to test the stimulating properties of faradism in subinvolution and various uterine displacements, mainly retroversion. In these cases we have used a bi-polar electrode, the active points being externally at the cervix and internally at the fundus, using a mild current and slow interruption made by tapping a cord-tip on the binding post. Preceding this we have given from three to five minutes of pelvic galvanism, using a vaginal electrode and a large abdominal pad. A seance of this nature twice a week, followed up with appropriate medication, works wonders.—Ed.

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EXPERIENCE WITH BRYONIN.

BY DR. J. H. BURCH.

Case 1. I was called Oct. 4th, 1894, to see Frank B., aged 32, occupation sign painter, who had fallen from a scaffold, producing no fracture but an intense contusion of the muscles of the lumbar region. The shock was quite severe but he reacted nicely, though feeling lame and sore. He was carried home and put to bed; lotions were applied and all seemed to be progressing nicely, when about six hours after the injury he began to suffer the most agonizing pain, aggravated by motion, coughing or anything that brought the bruised muscles into action.

When I arrived he was lying in a fixed position from which he dare not move for fear of the pain. I thought this a good opportunity to experiment with bryonin and thoroughly test its virtues. I gave no other medicine and advised no external applications, but left directions to give a granule of bryonin, gr. 1-67, every hour until relief, then every two or three hours.

The next morning, when I visited my patient, I found him propped up comfortably in bed and suffering no severe pain whatever. He told me that after taking the third pill the pain began to abate so that he was able to move with considerable comfort. He made a speedy recovery. Was this "Vis medicatrix naturae" or "Vis medicatrix granulosa?"

Case 2. John V., aged 49, occupation carriage manufacturer; has been exposed a great deal riding over rough roads. He was taken very suddenly five days ago with lumbo-abdominal pains which were so intense that he was unable to move. He had been under the care of another physician who had been administering hypodermics of morphine which relieved him but slightly.

I was first called in the night and found him suffering intense agony. He begged for a hypodermic but I had confidence enough in bryonin to try that first. So I left twenty-four granules with directions to give one

every half hour until relieved or until he experienced a free bowel movement, after which he was to take one every two hours. I felt so confident of success that I went home at once. The next morning when I called I found my patient sitting in a large rocking chair, looking very comfortable indeed. He experienced relief shortly after taking the first granule and, up to the present time, now over two weeks, has had no return.

Case 3. Mr. Geo. M., aged 58, occupation miller, came to me Nov. 2, 1894, suffering from bronchitis, dry stage; constant dry, harsh, racking cough, accompanied by sharp, stabbing pains in the chest and intense headache which was aggravated by the cough. I prescribed bryonin a granule every two hours. He called at my office the next day and informed me that the pain was entirely relieved, that the cough was much looser and he felt better in every way.

Case 4. Miss M., aged 19, cervico-brachial neuralgia. The pain was intense, obliging her to hold her head in a fixed position, inclined toward the affected side from which she could not move it on account of the pain that the slightest motion caused. The arm and forearm, also, she could not move for the same reason. She had been under treatment for some time, having used stimulating liniments, anodynes, etc., without relief. I prescribed bryonin, one granule every hour until relief and then every two hours. I did not see the patient for over a week, and I began to think she had forsaken me, when one day she came into the office and declared herself well.

Now in reviewing these four cases it is appreciable that there was one symptom common to them all, i. e., pain aggravated by motion; and it matters not whether I am prescribing for rheumatism, pleurisy or pneumonia. If I find this symptom present, I exhibit bryonin.

Baldwinsville, N. Y.

In this we have a beautiful illustration of what we may be permitted to call the specific action

of a drug. Every single principle has its own specific therapeutic activity. In this it varies from the galenical preparations that never are and therefore never act twice alike, owing to the variable quantity and varying proportions of activity that each contains. For an excellent article on the therapeutics of bryonin see Shaller's Guide.

No better selection of drug to meet indications could be made than was made in these cases. You will note, also, that the right drug having been selected it was "used until effect," an order that cannot possibly be given with safety when using anything but active principles. The therapist who uses the positive alkaloidal granules knows no dosage but effect, while he who uses the uncertain galenicals, must have a maxima and minima with which to cover himself else he may fail to cure or perhaps kill his patient without "authority." Please note, also, in the above, that the doctor depended on a single remedy. Having but one condition to meet, congestion and inflammation of muscle sheaths and muscle tissue, he chose the best remedy at his command to meet the indication. The closer we come to possessing and using exact therapeutic knowledge, the less we combine remedies, except such as work together to produce a desired result that cannot be obtained by one alone.

Bryonin should be in the case of every general practitioner and when properly used no one remedy will secure quicker and better results in many distressingly painful conditions. To be able to heal quickly, pleasantly and safely, should be the study of every physician. When medicines are needed, none can be too good. See "Editorial Chat," this issue.—Ed.

A NEW ALTERNATIVE.

BY W. W. PUGH, M. D.

Jatrophia Stimulosus, or bull-nettle, most barefooted children in Texas are familiar with. According to tradition, the thistle became the insignia of Scotland from the fact of its having patriotically stung the bare foot of a soldier belonging to an attacking party of Danes, his sharp cry of pain arousing the sleeping Scots in time to fall upon the foe with great slaughter and defeat. So to speak, "it is an ill wind that blows no one good."

In 1891 my attention was called to the use of this vegetable preparation by Capt. Dick Reagan of Rusk, Tex. He stated to

hundred convicts in camp, cutting cord wood, several of them had the worst form of syphilis and the local physician thought there was but little that could be done for them. But finally an old soldier came by and saw these afflicted ones. He declared that he could cure them and was permitted to try his hand. He procured a spade from the camp and went out and dug up the root of this nettle, and taking the bark boiled it in twice the quantity of water for one-half hour and gave the sick a wine glass full every two or three hours during the day. It cured them all in a very short time.

I decided I would give this a trial the next chance I had and told a friend of mine I wanted to try a new remedy on a bad case of syphilis and if he knew of a case anywhere in the country I would treat it gratis, so it was not more than a month before he came to me and told me he had found a case that was given up by other doctors as hopeless. It hardly looked fair to put the medicine to such a severe test as this, but remembering what my friend Reagan had told me I went to see the party and found him a complete mass of syphilitic sores, even the soles of his feet were all ulcerated and I could hardly stay in the room for the odor. I prepared him a strong decoction of the root of this bull nettle and carried it to him, telling him to take a wine glass full every two hours. The next day I called to see the effects. He had taken nearly one-third of a quart, was sweating profusely and declared he felt better. In one week's time he was up and in two weeks he was at work. I kept trace of him for two years and never saw him suffering any further trouble. I have used it in tincture for several years to good advantage and should like to see it prepared in "alkaloidal" form as it would be much easier dispensed. I will state this plant grows in abundance in several counties in Texas, Robertson and Cherokee counties. I have seen it grow in great quantities on old, abandoned, sandy fields. Who knows but that this preparation from the jatrophia

stimulosus is a specific. In my experience it has served me well and I write this in the hope that some one else may try its effects and study them closer than I have.

Kingston, Tex.

If Clinic readers have had experience with this plant we should be pleased to receive their reports and if some have especially good opportunities to try it, but cannot obtain the fresh plant, we presume the doctor would forward a supply to a limited number, provided they report results through the Clinic. Let us find out what there is in this. Is this what is called "bull thistle" in the north?—Ed.

DYSMENORRHEA.

BY JOHN F. RUNNELS, M. D.

I was called to see Mrs S. at 6:30 p. m. Found her suffering with paroxysmal pain which was intense in abdomen and back. She said her menstrual flow had stopped when but half through its usual course. Temperature 100, pulse 112. I gave her two granules of gelseminine, gr. 1-250, and one granule of aconitine amorph., gr. 1-134, together dissolved in a teaspoonful of hot water, to be repeated every half hour until I should return. I called again in two hours, just after she had taken her fifth dose, and found her smiling and happy, free from pain, with pulse and temperature normal.

I left her, telling her I would not call again unless needed. My first call was made Aug. 18th. I was summoned again in haste Aug. 20th at 5:30 a. m. and found her suffering more severely than at my first visit. Temperature 101, pulse 120; face pale and bloodless, extremities cold; said she could not stand another paroxysm, she knew. I had hot applications made while I gave her a hypodermic injection of morphine sulph., gr. $\frac{1}{4}$, with atropine sulphate, gr. 1-150, following with aconitine amorph., gr. 1-134 and two granules of glonoin, gr. 1-250, together every half hour until seven or eight doses were taken.

When she began to grow easy I questioned her as to deportment during the last 36 hours. She said the "flow" had returned and everything was progressing naturally

but that she had left off the little white pills (gelseminine) because she thought they made her flow too much, and that last night she had gone to the water-closet twice in her bare feet. I said, "You knew better." "Yes, but I was feeling all right and thought it would not hurt me." I called again in three hours and found her sleeping. Ordered the aconitine and glonoin continued at same intervals for two hours longer and then every two hours. Called again in six hours and found her sitting up in bed, without a twinge of pain, temperature 99, pulse 80. The evening of the 21st she sent for more of the granules. Messenger said she was feeling all right but did not want to be without the "little pills." They made her feel so much better.

Now, perhaps I have gone a little too much into the details of this case, but that is the part that most interests me, and from which we get our positive help when reading the history of clinical cases. Take, for instance, "Pneumonia Jugulated," in the August number and others equally clear; such explicit clinical reading is very valuable to us who are new in Dosimetric Medicine, and then the kindly suggestions and criticism of the Editor on each article are of great value to me, knowing his long experience with this method of medication.

178 Seminary Ave., Chicago.

This is a very valuable paper, particularly so from the fact that the author goes so carefully into detail. The only way to write a perfectly satisfactory clinical report is to assume utter lack of knowledge of the subject on the part of the reader. Then the writer will enter into sufficient detail so that all the questions arising in the mind of the reader will be answered. Let Clinic contributors please bear this in mind. If you give a drug say how much and how often, what for and how it affected the patient. Dr. Runnels is to be congratulated on his success with his new tools.

We should really like to know if the readers of the Clinic agree with the author regarding the Editor's comments. We feared there might have been a little too much of this done and were planning to drop it in a measure, but recent advices from friends have encouraged its continuance for

a time at least, and the future policy will depend upon the expressed pleasure of our readers.—Ed.

TYPHOID PNEUMONIA WITH HEREDITARY TENDENCY TO CONSUMPTION.

BY R. R. TIDRICK, M. D.

I was recently called to see a dear little boy, only son, about six years old, who had been suffering for several days with dry hacking cough, dry skin and bowels swollen and tender. His tongue was dry and brownish, temperature 104 in the afternoon and 101 to 101½ in the morning. He was delirious, picking at the bed-clothes, screaming and exceedingly nervous.

For the fever I gave the "Defervescent Compound" and ordered sponging with cold water whenever his temperature was over 102, and arseniate of strychnine every four hours. I also gave zinc sulphocarbonate while his bowels were tympanitic or until there was no further indication for its use. For the nervousness I gave Waugh's Nervine and Dover's Powder modified. This was soon controlled nicely. For the cough I gave codeine and emetine as needed. After about fifteen days convalescence began but was very slow, his temperature coming up every afternoon to 101 or 102. I then gave, for several days, one grain each of phenacetine and quinine, two doses in the forenoon, the temperature falling gradually.

He now began to have a good appetite but the temperature remained above a hundred in the afternoon. I then placed him on Wilbur's Codliver-oil Compound with bismuth dr. 2, Tr. peppermint dr. 2, rubbed or triturated thoroughly and added to each bottle. He took two bottles. Being somewhat anemic I gave quinine hydroferrocyanide, gr. 1-6, every four hours for several days or until he was able to go about. The little man took every dose of the granules without any trouble; I gave them in solution, one granule for each year, and one extra, in twenty-four teaspoonfuls of boiled

water, adding one or two granules of sacharine to cover the bitter and one of carmine to make it look like medicine so other children would not take it by mistake.

Recovery progressed steadily and the little fellow now watches for me and when I go by laughs and waves his hand in token of love. His parents are pleased as well as his physician. I do not think the cod-liver-oil was of any special benefit. I think he would have done as well on other tissue builders and good diet. I have many cases that would no doubt be interesting to granule users but I would rather hear from others. Throw this in the waste basket if you wish. I will not get angry for I know it is of little value. I forgot to say there were three of the family on the mother's side that died of consumption, father, son and daughter.

Brinthurst, Ind.

We have here an interesting and difficult case well treated and fortunately cured. It is an illustration of the better results derived from minimum doses and supportive rather than irritative treatment. In too many hands this little fellow would have died. The continuance of the fever after the disease had been apparently overcome, is somewhat peculiar. We see these cases now and then and they are probably due to lack of good nutrition. The digestion is not perfect and irritating particles being thrown into the circulation, create fever. This subsides during the night under the action of elimination to recur the following day during the efforts at digestion. This is best overcome by judicious feeding and the use of properly selected tonics and digestive agents.

We cannot quite agree with the Doctor that the child would have done as well on most anything else, as the codliver oil. A good article is one of the easiest fats to digest, and contains many of the elements necessary to a case of this kind. Now a word of criticism. The Doctor, in his report, is not careful enough to state the amount of drug used in each instance. This is necessary in every report and adds greatly to its value.—Ed.

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And you will get the Clinic from September 1895, to December, 1896, inclusive, and, if a new subscriber, the premium case as well.

MISCELLANEOUS.

Correspondence, Reprints, Etc.

THE DOCTOR OF TO-DAY.

Editor Alkaloidal Clinic:—The character of your paper strikes me as in every way consistent with the energy of the day in our profession.

Rifle practice in therapeutics has taken the place of the shot-gun methods of the past, and Alkaloidal Medication comprehends directness in its every detail. The single cartridge, directed by the expert diagnostician to the condition which underlies a long list of symptoms, explodes, in its influence, when it strikes and, much to the delight of the patient and the satisfaction of the doctor, reaches and removes the whole.

The American physician of to-day is unique in himself; he is an evolution from the crude elements of the past. He has been evolved by essential circumstances which depend upon or grow out of the peculiar character of our existing civilization. "The doctor knows nothing about curing disease." The American doctor of 1895 knows how to cure disease. Brought into contact, as he is, by sharp, daily competition with successful practitioners, he picks up every valuable suggestion and uses it to the best possible advantage. He takes care of the code in a certain way, but at the same time takes care of his own reputation by learning the most direct and pleasant method of cure. This independence of thought, this sharp competition, this acute foresight tends to bring forth his best efforts whatever his school or his station in life.

There is truth in the methods of every successful practitioner. These gems, as the school, sect or creed barriers become broken down, are becoming common property and we are rapidly placing them in the golden setting of the exact science of direct therapeutics.

Finley Ellingwood, M. D.
Chicago.

PROLAPSUS.—GANGLIONIC INSUFFICIENCY.

Editor Alkaloidal Clinic:—Can you help me in the following case? Mrs. R., aged 38; mother of eight children; of good family; last summer while cutting some stove wood was seized with a severe pain in the lower part of bowels and small of the back. I was sent for and, on examination, finding prolapsus, I put her in the knee-chest position and replaced the womb. In a few days I made a speculum examination and found the os very red, in fact the whole organ was engorged.

I have treated her with local applications, tonics and the curette; also using a ring pessary. For the last six months the stomach and nervous system have been giving her considerable trouble. No food that she eats seems to digest. She has pain about the heart, but it is from functional causes. Left side feels dead and tingles. I have given her the usual remedies for nervous prostration, such as strychnine, phosphorus, valerian and the bromides to no avail. Her appetite is very good. Now, Doctor, if you can help me with this case, I wish you would.

W. B. Sullivan, M. D.

Southport, Tenn.

This is a very interesting case and is not an uncommon one. This hard-worked woman, hard-worked in every function, has cerebro-spinal excess and a generally broken up condition of the sympathetic nervous system. The first thing in your treatment is rest. Unless she can get that, any treatment will be unsatisfactory. Irritating measures of any kind are decidedly objectionable. Soothing, quieting applications, with rest and nourishment, alone promise anything. The formula known as Buckley's Uterine Tonic is particularly indicated. One granule should be given every two hours for some time and continued at less frequent intervals all through the treatment of the case. Local depleting measures should be instituted, such as a boro-glyceride tampon or suppository, "depleting and antiseptic." If constipation exists it should be promptly overcome by the use of some such agent as Waugh's Laxative Granules. If it is possible, the patient should receive electrical treatment with the galvanic current: the

positive pole being attached to a vaginal electrode and the negative to a large, flat abdominal pad, using a current gradually raised to 15 or 20 milleampères and continued ten minutes twice a week. (See Prof. Neiswanger's article, last issue.) Complete rest, aided by the treatment indicated, will allow the stomach to recover. The digestion being resumed, will no doubt put the woman on her feet again. Will not others kindly suggest?—Ed.

RUSTY-NAIL PUNCTURE—APPROPRIATE TREATMENT.

Editor Alkaloidal Clinic:—I was called last Sunday to see a little girl who, some hours before, had stepped on a rusty nail, driving it nearly two inches into the center of the bottom of her foot. I found her very nervous, and the foot swollen and red, with a temperature of 101. I first passed a probe to the bottom of the wound bearing cotton saturated with an 8 per cent solution of cocaine and then twice more with cotton around it saturated with peroxide of hydrogen, twisting the probe each time so as to wipe away anything that might be loose. I now dressed the wound and gave, in a twelve-teaspoonful solution, cicutine, 6 granules; hyoscamine, 4 granules; aconitine, 4 granule; a teaspoonful every fifteen minutes until four doses were taken, when she got easy and moist and went to sleep. She is all right now and the foot is nearly well.

Dr. E. F. Kelchner.

Armington, Ill.

This little case-report is practical and is of much interest, illustrating a class of cases that come to us very often. Many of them, poorly treated, are followed by serious results. The doctor's procedure was admirable and his prescription well adapted to combat the nervous irritation, and possible septic infection which had already set in. The effect of a planter puncture is peculiar and must be met very promptly else serious results are sure to follow.

In treating an adult case, care should be taken to clip out all the thick cuticle around the puncture else it will close over like a piece of rubber and prevent the exudation that usually follows in the process of healing. If

there is dirt in the wound, or infected tissue that cannot be dissolved and absorbed, nature must have a chance to throw it out. The prescription was peculiarly well selected to overcome fever and nervous irritation. Cicutine should not be lost sight of in the presence of any condition involving the reflexes. It is a potent agent to control the susceptibility of the central nervous system.—Ed.

TONSILITIS—TREATMENT OF A CASE.

Editor Alkaloidal Clinic:—My treatment of a recent case of tonsilitis may be of interest. Patient aged 50; tonsils swollen to a great extent; large mucous patches on tonsils and fauces; temperature 103; pulse 120. Bowels locked up; complained of pains in back and legs and severe headache. Could scarcely swallow anything, even liquids. I gave aconitine, digitalin and strychnine arseniate, one of each in solution every hour for fever; calomel, gr. 1-6, podophyllin, gr. 1-6, and Dover's Powder modified, (Waugh) two granules every hour until his bowels moved; this they did in eight hours. As a local treatment to the inflamed tonsils I gave 24 s. g. calcium sulphide dissolved in three ounces of water, a teaspoonful every two hours. To this I added nuclein, gr. 1-12, four granules every three hours to be held in the mouth until dissolved and then swallowed.

At my next visit, some 24 hours later, I found my patient much better. He could swallow easily; temperature normal; tonsils less swollen; mucous patches had disappeared; pain had subsided and headache gone. In fact, he said he was nearly well. I left him nuclein granules, gr. 1-12, four to be dissolved in his mouth every three hours and did not call again. He was up and at work in three or four days. I have used nuclein in several similar cases and with as good results. Would like to know if any others are using this remedy in throat troubles.

P. J. Burrows, M. D.

Sipe Springs, Tex.

Tonsilitis of this character is usually the local manifestation, precipitated by exposure, of a general condition that may properly be called autoinfection. The emunctories having ceased to act properly, a great mass of waste material is accumulated in the circulation with the symptoms here detailed. To clean out and clear out with diuretics

and cathartics, at the same time neutralizing the circulating poisons with calcium sulphide, destroying them with nuclein, and soothing general and local irritation with aconitine, etc., is the sum total of the treatment required. Several remedies were used at the same time which might throw the Doctor open to the accusation, by some, of poly-pharmacy but several indications had to be met and there is no reason why they should not have been met, as they were, at the same time, and they must be in order to shorten the attack in this way.—Ed.

ZINC AND CODEINE COMPOUND.

Dear Dr. Abbott: My wife was taken sick with bowel trouble last Sunday. I gave her calomel and she kept growing worse and said this morning that she believed she would have inflammation of the bowels if she did not get relief. I thought of your formula of zinc and codeine compound and not having any of the tablets at hand, I fixed it up out of granules, a dose every two hours. I was obliged to go away at ten o'clock and when I returned at three in the afternoon I found her up at work and feeling all right.

Atlanta, Tex.

F. M. Lennard, M. D.

One great convenience in the use of the granules is the great convenience with which combinations can be made, as occasion requires. A No. 4 empty capsule will hold six and makes a neat, convenient pill. A combination may also be put in a bit of paper and folded like a powder.

If one's medicine case is limited in capacity singles should always be carried and combinations made as above indicated.—Ed.

NEISWANGER'S ARTICLES.

Dear Dr. Abbott:—The articles on electricity of Prof. Neiswanger are excellent and are just what I've been wanting. One article alone is worth a whole year's price of the Alkaloidal Clinic and you could not have given your journal a worthier or more important subject. The success of the Clinic is beyond a doubt when it gives us such excellent teachings.

Gaysville, Vt.

S. D. Sour, M. D.

ONE SOLUTION OF THE PROBLEM.

In the August Medical World Dr. J. F. Griswold, of Portland, Conn., voices his sentiments regarding the amount of charity work claimed of and "dead beat" practice imposed upon the physician as follows:

There is to-day and has been too much of this talk about suffering humanity, who require, for charity's sake, the work and care of physicians. Who cares for and relieves the physician of his family if they are in need, after, perhaps, years of charity work? These same people would allow him to starve before they would pay an outlawed bill, even if they had the money. I practiced twelve years in a town near here and, truthfully, I can say I do not know, after looking back on my books to-day, of one bill that could not have been paid without the parties themselves, or their immediate relatives, denying themselves of any necessary thing for a good, comfortable living.

There are but few who know anything about economy in order to pay their physician a reasonable sum for his services within a reasonable time. I think the greater trouble lies with the physicians. Too many of them appear too anxious to get a patient—too ready to cater to and wait upon all and every one, even though they get no pay, as if it were a great honor for their carriage to hang out at any one's door. You should refuse to attend unless paid for former services, and if they don't want you under that condition sit down and put your feet up and rest yourself, to be in readiness for the fellow who will pay. He generally appears. I never have oppressed any one in trying to collect my bills, and yet I am a good collector and have always had that name. My clients know I do business for pay, not fun. Be prompt with your bills and insist that they be paid in some way within a reasonable time. After nearly sixteen years of practice I am strengthened every day, from my observation of people, in my belief that we should collect our bills; not half the amount due but the full amount. Too many men make unnecessary visits and charge for only a part of them, so that when the bill is presented it appears that the doctor has "discounted." That is bad practice. Charge for all visits but make no unnecessary calls.

I trust that what little I have to offer will help to agitate this matter among your readers and perhaps encourage some to begin anew to collect their bills in a business manner, so far as possible. Wait on your clients even a long time, if necessary, but get your pay, and if you find the party is using you and does not calculate to settle, be thankful when you have gotten rid of him

entirely. People who don't pay you are not only no good to you, but rather a curse—a millstone. Get rid of them as soon as possible. Let that chap who wants to do it all—who is always "driven to death"—have them. Better do nothing than waste your medicines, time and strength running about for those who have money for all but the doctor.

The above contains many good ideas and the sooner physicians get down to business the sooner will "hard times" cease so far as they are concerned. The fact is, the physician, as a rule, is such a poor business man that it is "hard times" with him all the year around. This need not be so. With the adoption of better methods and better and more modern means of doing business, this can eventually be relieved.—Ed.

ALKALOIDAL TREATMENT OF PNEUMONIA.

D. Julius Wesselowski, in the August Medical World, advises the use of aconitine and digitalin, one granule of each every fifteen minutes until the temperature is reduced. Strychnine arsenite, one granule every two hours. If very much pain, codeine 1-67 grain every fifteen minutes until relieved. For the short breathing give carbonate of ammonia, three grains every two to three hours; also one grain of potassium bichromate to six ounces of water; dose, a teaspoonful every two hours.

You will find, doctor, that after your patient is getting better he will say to you that he is surprised that the few granules you gave him did him so much good.

I have been using granules ever since 1886 and to-day most of my prescribing is done with the little pills.

To the carbonate of ammonia we object as it is an irritant to the stomach and no better as a cardiac tonic than the strychnine already suggested. Of the balance of the treatment and the deduction we heartily approve.—Ed.

The Abbott Alkaloidal Co.: The premium case has arrived in good order and I shall give the granules a trial. As an advertisement, it is one of the neatest and best gotten up that I have ever seen.

—, Mo. E. M. H., M. D.

CHOLERA INFANTUM—FEEDING.

Editor Alkaloidal Clinic:—So many of the profession have written on "The Summer Diseases of Children," that I am fain to ask for space to briefly present my views upon this important subject.

In the August Clinic Dr. Crosby, of Little Rock, Ark., has an article which shows that he has made a careful study of the causes of the disease commonly called cholera infantum, as well as its treatment so far as drugs are concerned. I agree with him as to giving the copper arsenite, 1-100 of a grain dissolved in four ounces of water, giving one teaspoonful every fifteen minutes for six doses, repeating in four hours, continuing this while needed; also the small doses of calomel, if indicated. That is all I have found useful in the way of medicines.

When Dr. Crosby says "give Malted Milk, or cow's milk," I must disagree with him and ask him when he treats the next case of milk infection, cholera infantum, to forbid every drop of milk in any form, and any food prepared with milk. The child might as safely eat potatoes, beans and sour milk. Long before Prof. Vaughn discovered the poison that causes this much dreaded disease, I learned from experience that milk was rank poison, under certain conditions, and could be used about as safely as arsenic in toxic doses. A well nourished child will not starve for a few days. Give the white of eggs beaten up with cold rice-water, bread toasted thoroughly from which make "bread coffee," etc., but avoid milk, forbid it absolutely as you value the life of the child. M. E. Little, M. D.

Nevada City, Cal.

We are glad to note this evidence of interest manifested by Clinic readers in the articles we have printed on "summer diarrhea." We have watched the journals closely and believe none have given the profession more help in this direction than the Clinic. The food point is well taken. The regulation of the diet is of the utmost importance and it is often, if not always, better to proscribe food entirely for the first 24 or 48 hours and then begin with albumen or digested starch as here indicated. White of egg stirred carefully into rice-water as suggested by the doctor, is one of the best. With this we may give Bovinine, Murdock's Food or, what is probably better, Liquid

Peptinoids. These are rapidly absorbed without decomposition and will sustain the patient until the system regains its usual activity.—Ed.

ON THE RIGHT TRACK.

Dear Dr. Abbott:—I am an old subscriber to your Clinic. I have Shaller's Guide and the little premium case and have just sent for a larger one. The little granules have spoiled me for using sloppy fluid extracts and tinctures, to say nothing of their positive, sure action. I use them exclusively for children. They take them very easily. I have just had a very bad case of cholera infantum that got well in 48 hours. Some of my customers think I have gone over to homoeopathy when they see my granule case, so to bridge the chasm I carry a few tablets yet, but shall soon get rid of them. Dr. I. D. B.

_____, Minn.

No doubt every physician who has begun the use of the granules meets with the same difficulty that this one does. Some are pleased, others are displeased. To the pleased ones nothing need be said and the displeased ones may be very promptly convinced of the difference between Alkaloidal granules and "sugar pills," by giving them a granule or two of strychnine or quassia to chew, to say nothing of the greater positivity of results which our patrons are not slow to observe.—Ed.

PALMER ECZEMA.

W. D. S. reports a case of skin disease of the palm of the hand. Patient a butcher aged thirty. Says the skin dies and scales off, and the hands burn but do not itch. Asks treatment.

Being a local affection, local treatment is about all that will do any good. He may have to change his occupation for a while. Lay the affected surfaces on very hot water two or three times a day. Dry thoroughly and rub in pure glycerin. Give calcium sulphide three granules three times a day and sufficient seidlitz salt each morning to produce a free daily stool.—Ed.

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For an energetic young man. Address this office with stamp for re-mailing.